



This form must be accompanied by a completed Application for a Permit to Construct/Operate -Form 400A, Form CEQA, Plot Plan and Stack Form

Permit to be issued to (Business name of operator to appear on permit):

Street location where the equipment will be operated (for equipment which will be moved to various location in AQMD's jurisdiction, please list the initial location site):

**Section A: EQUIPMENT LOCATION**

Internal Combustion Engine	Manufacturer:		Model No.:				
	Serial No.:		Date of Manufacture:	For an ICE manufactured after 7/18/94, please provide manufacturer's specification and guarantee.			
	mm/dd/yyyy		Date of Installation:				
Manufacturer Maximum Rating:		mm/dd/yyyy					
ICE Emergency Function	Electrical Generator	Fire Pump	Flood Control	Pump Driver	Compressor		
Type (Check All That Apply)	Stationary	Portable	How Is This Type of Equipment Used? (Check All That Apply)		Within Facility	Off- Site	Rental
Fuel	Diesel Oil No. 2	LPG	Natural Gas	Other:			
Cycle Type	Two Cycle	Four Cycle					
Combustion Type	Lean Burn	Rich Burn					
No. of Cylinders	Four	Six	Eight	Ten	Twelve	Sixteen	Other
Aspiration Type	Turbocharged		Turbocharged/Aftercooled		Timing Retarded $\geq 4^\circ$ (relative to standard timing)		
Air Pollution Control (if applicable)	Selective Catalytic Reduction (SCR)*		No Control				
	Selective Non-catalytic Reduction (SNCR)*		Air Fuel Ratio Controller				
	Non-selective Catalytic Reduction (NSCR)		Other (specify)				
	* Separate application is required.						
	Manufacturer:		Model No.:				
	If already permitted, indicate Permit No.			Device No.			

**Section B: OPERATION INFORMATION:**

Fuel Consumption	Maximum Rated load:	gal./hr. OR	cu. ft./hr	Average Load:	gal./hr. or	cu. ft./hr.
Operating Schedule	Normal:	hours/day	days/week	weeks/yr.		
	Maximum:	hours/day	days/week	weeks/yr.		
	Testing & Maintenance:	hours/year				

**CONFIDENTIAL INFORMATION**

Under the California Public Records Act, all information in your permit application will be considered a matter of public record and may be disclosed to a third party. If you wish to keep certain items as confidential, please complete the following steps:

- Make a copy of any page containing confidential information blanked out. Label this page "public copy."
- Label the original page "confidential." Circle all confidential items on the page.
- Prepare a written justification for the confidentiality of each confidential item. Append this to the confidential copy.

<b>Engine Data</b>	<p>(1) Select year of manufacture and rated horsepower.</p> <p>(2) Provide actual emission figures from manufacturing specifications (if available) for the Rated Power selected. If engine fuel is LPG or Natural Gas, select Spark Ignition.</p> <p>(3) The compression ignited diesel fuel internal combustion engine (ICE's) must meet the State of California or EPA's Non-Road Emission Standards as listed below (please provide manufacturer's specification and guarantee.</p>						
	Rated Power	Year	Figures	Carbon Monoxide (grams/bhp-hr)	Hydrocarbons (grams/bhp-hr)	Oxides of Nitrogen (grams/bhp-hr)	Particulate Matter (grams/bhp-hr)

**Compressor Ignition**

<b>50 – 750 H.P.</b>							
	50 - 100 H.P.	<b>BACT</b>	8.5	1.0	6.9	0.38	
		<b>Actual</b>					
	100 - 175 H.P.	<b>BACT</b>	8.5	1.0	6.9	0.38	
		<b>Actual</b>					
	175 - 750 H.P.	<b>BACT</b>	2.6	1.0	3.8	0.15	
		<b>Actual</b>					
<b>751 and greater H.P</b>							
	2000 and	<b>BACT</b>	8.5	1.0	6.9	0.38	
		<b>Actual</b>					

		Figures	VOC	NOx	CO
<b>Spark Ignition</b>		For natural gas fired or LPG. The ICE must meet the requirements for BACT as listed below.			
		<b>BACT</b>	1.5 grams/bhp-hr	1.5 grams/bhp-hr	2.0 grams/bhp-hr
		<b>Actual</b>			

**Section C: APPLICANT CERTIFICATION STATEMENT**

I hereby certify that all information contained herein and information submitted with this application is true and correct

<b>SIGNATURE OF PREPARER:</b>			<b>TITLE OF PREPARER:</b>		
<b>CONTACT PERSON FOR INFORMATION ON THIS EQUIPMENT :</b>			<b>CONTACT PERSON'S TELEPHONE NUMBER</b>		<b>DATE SIGNED:</b>



Engr. Ini.	
A/N	
Appln Date:	
Class	

**Data Input**

Applicant		ID	
Mailing Address			
Equipment Location		Equipment Type	
Equipment Description	Manufacturer:		
	Model No:		
	Serial No.:		
	Manufacturer Date:		
	Installation Date:		
	Cylinders:		
	HP Rating:		

Aspiration Type	Turbocharged	Turbocharged/Aftercooled	Naturally Aspirated	

Driving (ICE Emergency Function)	Generator	Compressor	Pump	

Emission Factors, g/HP-hr	VOC	NOx	CO	PM	
	(Note: Emission factors taken from engine manufacturer specs included with application)				

Retard Timing	Yes	No	

Operating Schedule	Hrs/Day Max.		Hrs/Month Max	
	Hrs/Day Ave.		Wks/Yr	
	Days/Wk.			
	Days/Mo			



A/N:

**Given**

HP						
G to lb conversion factor						
Operating Schedule	Hrs/Day Max.					
	Hrs/Day Avg.					
	Days/Wk.					
	Days/Mo.					
	Hrs/Month Max.					
	Wks/Yr.					
Emission Factors	VOC	NOx	SOx	CO	PM	PM10
Retard Timing	Yes	No				
Emission Correction Factor	VOC	NOx	SOx	CO	PM	PM10

**Computations**

	Emission factor, g/HP-hr	VOC	NOx	SOx	CO	PM	PM10
	lb/hr.						
	lb/day Max.						
	lb/day Avg.						
	lb/yr.						

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  <i>ENGINEERING AND COMPLIANCE</i>  APPLICATION PROCESSING AND CALCULATIONS	PAGE	1 of 3	<b>For Official Use Only</b>
	CHECKED BY:		
	A/N:		
	PROCESSED BY:		
	DATE:		

Applicant's Name:

ID:

Equipment Location:

Equipment Description:

EQUIPMENT: INTERNAL COMBUSTION ENGINE  
 MANUFACTURER:  
 MODEL NO.:  
 FUELED WITH:  
 DRIVING:  
 SERIAL NO.:  
 CYLINDERS:  
 ASPIRATION:  
 HP RATING:

Permit Description:

CALCULATIONS

See ATTACHMENT A

EVALUATION:

Rule 212: (Not Applicable if within 1,000 feet of a school.)

This is a not significant project as defined by this rule. Hence, public notice is not required.

Rule 401:

Based on experience with similar equipment, this engine is expected to comply with the visible emission limits.

Rule 402:

Based on experience with similar equipment, nuisance complaints are not expected.

Rule 404:

Based on experience with similar equipment, compliance with this rule is expected.

Rule 431.2:

Diesel fuel supplied to this equipment must contain 0.05% or less sulfur by weight. Compliance is expected.

Rule 1110.2:

Exempt per Rule 1110.2 (i)(2) and (i)(10).

REGULATION XIII:

Exempt per Rule 1301 (b)(3).

REGULATION XIV:

Exempt per Rule 1401 (g)(1)(F).

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  <i>ENGINEERING AND COMPLIANCE WORKSHEET</i>  APPLICATION PROCESSING AND CALCULATIONS	PAGE 2 of 3		<b>For Official Use Only</b>
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	DATE:		

CARB-EPA Emission Limits for Nonroad Compression-Ignited Engines:

For engine manufacture date on or after \_\_\_\_\_ and engine rating between \_\_\_\_\_, the following emission limits apply:

	NOx	ROG	CO	PM
<b>Required</b>				
<b>Actual</b>				
<b>Compliance</b>				

CONDITIONS

1. OPERATION OF THIS EQUIPMENT SHALL BE CONDUCTED IN COMPLIANCE WITH ALL DATA AND SPECIFICATIONS SUBMITTED WITH THE APPLICATION UNDER WHICH THIS PERMIT IS ISSUED.
2. THIS EQUIPMENT SHALL BE PROPERLY MAINTAINED AND KEPT IN GOOD OPERATING CONDITIONS AT ALL TIMES.
3. SULFUR CONTENT OF DIESEL FUEL SUPPLIED TO THE ENGINE SHALL NOT EXCEED 0.05% BY WEIGHT.
4. THIS ENGINE SHALL NOT OPERATE MORE THAN 200 HOURS IN ANY ONE YEAR.
5. THIS ENGINE SHALL NOT OPERATE MORE THAN 50 HOURS IN ANY ONE YEAR FOR MAINTENANCE AND TESTING PURPOSES.
6. AN OPERATIONAL NON-RESETTABLE TOTALIZING TIME METER SHALL BE INSTALLED AND MAINTAINED TO INDICATE THE ENGINE ELAPSED OPERATING TIME.
7. AN ENGINE OPERATING LOG LISTING THE DATE OF OPERATION AND THE ELAPSED TIME, IN HOURS, AND THE REASON FOR OPERATION SHALL BE KEPT AND MAINTAINED ON FILE FOR A MINIMUM OF TWO YEARS AND MADE AVAILABLE TO DISTRICT PERSONNEL UPON REQUEST.
8. IN ADDITION TO MAINTENANCE AND TESTING OF THIS ENGINE, THIS ENGINE SHALL ONLY BE USED FOR EITHER PROVIDING ELECTRICAL POWER TO PORTABLE OPERATIONS OR EMERGENCY POWER TO STATIONARY SOURCES. PORTABLE OPERATIONS ARE THOSE WHERE IT CAN BE DEMONSTRATED THAT BECAUSE OF THE NATURE OF THE OPERATION, IT IS NECESSARY TO PERIODICALLY MOVE THE EQUIPMENT FROM ONE LOCATION TO ANOTHER. EMERGENCIES AT STATIONARY SOURCES ARE THOSE THAT RESULT IN AN INTERRUPTION OF SERVICE OF THE PRIMARY POWER SUPPLY OR DURING STAGE II OR III ELECTRICAL EMERGENCIES DECLARED BY THE CALIFORNIA INDEPENDENT SYSTEM OPERATOR.

SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT  <i>ENGINEERING AND COMPLIANCE</i>  APPLICATION PROCESSING AND CALCULATIONS	PAGE	3 of 3	<b>For Official Use Only</b>
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	A/N:		
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	DATE:		

9. UPON THE FIFTH DAY AFTER PLACEMENT OF THIS EQUIPMENT INTO OPERATION AT A NEW SITE, THE DISTRICT SHALL BE NOTIFIED VIA TELEPHONE AT 1-877-810-6995 OF THE EXACT NATURE OF THE PROJECT AS FOLLOWS:
  - A. THE PERMIT NUMBER OF THE PORTABLE EQUIPMENT.
  - B. THE NAME AND TELEPHONE NUMBER OF A CONTACT PERSON.
  - C. THE LOCATION WHERE THE PORTABLE EQUIPMENT WILL BE OPERATED.
  - D. THE ESTIMATED TIME THE PORTABLE EQUIPMENT WILL BE LOCATED AT THE SITE.
  - E. DESCRIPTION OF THE PROJECT.
  - F. IF LESS THAN 1/4 MILE, THE DISTANCE TO THE NEAREST SENSITIVE RECEPTOR. SENSITIVE RECEPTORS ARE DEFINED AS LONG-TERM HEALTH CARE FACILITIES, REHABILITATION CENTERS, CONVALESCENT CENTERS, RETIREMENT HOMES, RESIDENCES, SCHOOLS, PLAYGROUNDS, CHILD CARE CENTERS, AND ATHLETIC FACILITIES.
10. THIS ENGINE AND ITS REPLACEMENT UNIT INTENDED TO PERFORM THE SAME OR SIMILAR FUNCTION, SHALL NOT RESIDE AT ANY ONE LOCATION FOR MORE THAN 12 CONSECUTIVE MONTHS. THE PERIOD DURING WHICH THE ENGINE AND ITS REPLACEMENT IS MAINTAINED AT A STORAGE FACILITY SHALL BE EXCLUDED FROM RESIDENCY TIME DETERMINATION.
11. THIS ENGINE SHALL NOT BE REMOVED FROM ONE LOCATION FOR A PERIOD OF TIME, AND THEN IT OR ITS EQUIVALENT ENGINE RETURNED TO THE SAME LOCATION, IN ORDER TO CIRCUMVENT THE PORTABLE ENGINE RESIDENCE TIME REQUIREMENTS.